Mobile Integrated Health Committee
Meeting Minutes
February 23, 2023

Attendance:

X	Anne Arundel		Prince George's	X	DC Matz - SEMSAC Rep
X	Baltimore City	X	Procare	X	Dr. Chizmar- MIEMSS
X	Cecil	X	Queen Annes		PA Burroughs - SEMSAC Rep
X	Charles	X	Salisbury	X	Jason Cantera - MIEMSS
X	Frederick	X	Talbot		Jeff Huggins - MIEMSS
	Howard	X	Worcester		
	Montgomery				

Call meeting to order at 1300 hours
Roll Call

Additions/Corrections Approval of Minutes -

Motion to approve the minutes by Rachael Cox, second by Jenny Mott. Motion pass

Old Business

EMeds/Elite -

- Community Health module meeting with Imagetrend yesterday. There seems to be the ability to have the concerns heard if not addressed. Anyone needing assistance with the platform reach out to Matt Burgan and he will assist. Anyone with feedback for the CH Module let him know.
- V3.5 changes will have some changes coming for the CH form, Jason is working on a document to show those changes. More changes to the 911 side than the CH side.

Special Presentation -

Matt Burgan gave a huge thank you and recognition to Zach Yerkie for his efforts and dedication to MIH not only in QA but in Maryland, with a plaque to be delivered to him.

Educational Components -

Took a close look at where we are with the educational content to streamline the process. Intent is not to discredit any of the work that has been submitted from each jurisdiction. The group discussed putting the content on the jurisdictions off of a guidance document. There are quite a few resources out there IBSC, NAMIH are two large resources that were used. UMBC is discussing a Community Health program.

4 key areas: Total of 48 hrs of Education (Didactic/Clinical)

1. Community Based Needs (10 hours)
2. Patient-Centric Care (16 hours)
3. Interdisciplinary Collaboration (12 hours)

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4. Preventive Care and Education (10 hours)

Document attached to meeting mins for the draft educational content

Dr Chizmar has received a copy of the document to review and was aware that it was being discussed at today's meeting.

Future meetings: The 4th Thursday of the month at 1300 hours. Recurring invites will be sent out.

New Business

Subcommittees

1. Education and Credentialing
2. Sustainability, Legislation, and Innovation
3. Protocol Review and Development
4. MIH Metric Development and Monitoring
5. Annual Educational Event

Motion by Jessica Thomas to adopt the 5 subcommittees second by Rachael Cox, Motion pass. Anyone interested in serving on one of the subcommittees reach out to Chair Matt Burgan.

Jurisdictional Updates

- AACO: None
- Baltimore City: Still working on everything adding members to MIH/PopHealth.
- Cecil: Still working on partnerships
- Charles:None
- Frederick: None
- Procare: None
- Salisbury: None
- Talbot: None
- Worcester:None

Good of the order

- Well wishes for good days for Jenny Mott
- Dr Chizmar - Thank Matt for taking over the leadership of the MIH committee. EMS Board has the protocol for Bupenorphine, anticipating approval for that. Anyone who has any interest in participating will just have to submit for the OSP. The challenge is identifying the community partners for ongoing treatment.
- Make sure to get the contacts over to Jess Thomas if you have not already.
- Next meeting will be March 23, 2023 1300 hours

Adjourn

Motion to adjourn by John Donohue second by Rachael Cox. Motion pass
Meeting adjourned at 1416 hours.

Respectfully submitted by Jessica Thomas, Secretary

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Education Guidelines for Maryland EMS Clinicians Seeking Service-Credentialing as a Community Health Clinician

Overview

Mobile integrated healthcare is a key component of many high-performing EMS jurisdictions and agencies. As the public perception of EMS evolves, so too does the need to ensure that EMS clinicians are trained and equipped to respond to medical urgencies, and not just medical emergencies. Recognizing the role of prevention in EMS will also be a significant opportunity to improve existing service delivery models. In order to equip clinicians with the education, knowledge, and experience necessary to function safely, efficiently, and independently, EMS clinicians operating in a mobile integrated healthcare program must complete additional hours of didactic and practical clinical education. This education must be provided in a way that is affordable for the jurisdiction or agency, scalable and reproducible to maintain timely access to opportunities, and comprehensive enough to provide the clinicians with fundamental knowledge to operate in both an expanded role and expanded scope.

Recommendations for Current Education and Credentialing Processes

In order to ensure that current MIH program can provide affordable, reproducible, and quality training to their personnel, the MIH Committee has proposed the following solutions. These guidelines allow jurisdictions the flexibility necessary to innovate and expand, while ensuring that clinicians are trained to a minimum, statewide standard.

Recommendations for Future MIH Education and Credentialing

As mobile integrate healthcare programs in Maryland continue to evolve and develop, the educational requirements and credentialing practices will need to evolve concurrently. It should be the goal of the MIH Committee and its governing body to ensure that sufficient resources are devoted to development of a statewide curriculum that can be easily distributed, at a cost that is not prohibitive, with content that is relevant and applicable to current best practices for mobile integrated healthcare programs.

The MIH Committee presents the following guidelines pursuant to service-credentialing EMS clinicians as Community Health Clinicians in their respective jurisdictions. Educational guidelines are categorized as either initial (orientation) education or continuing education, and may be further sub-categorized as either core content or local content.

Components of the content and processes described in this document may be derived from any of the following, but not limited to:

- Commission on Accreditation of Medical Transport Systems (CAMTS)- First Edition Accreditation Standards for Mobile Integrated Healthcare Programs
- International Board of Specialty Paramedics (IBSC)- Certified Community Paramedic Candidate Handbook
- National Association of Mobile Integrated Healthcare Providers (NAMIHP)- Training & Education Roadmap of Community Paramedic Core Competencies

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Credentialing Process

MIEMSS-certified Maryland EMS Clinicians who wish to participate in a mobile integrated healthcare program in their jurisdiction shall complete a service-credentialing process. Listed below are the components necessary to attain service-credentialing.

Basic Life Support (EMT, EMT-IV)

- Possess a current, valid, and unrestricted certification as a BLS clinician in Maryland. (MIEMSS)
- Possess a current Basic Life Support Provider-Healthcare certification (ASHI/AHA/Other approved CPR Instruction Provider)
- Completion of a jurisdictionally-provided MIH orientation program that meets or exceeds the standards defined in this document.

Advanced Life Support (CRT, NRP)

- Possess a current, valid, and unrestricted license as an ALS clinician in Maryland. (MIEMSS)
- Possess a current Basic Life Support Provider-Healthcare certification or higher (ASHI/AHA/Other approved CPR Instruction Provider).
- Completion of a jurisdictionally-provided MIH orientation program that meets or exceeds the standards defined in this document*.

* ALS Clinicians who have successfully completed a standardized assessment/exam with an implicit focus on content related to mobile integrated healthcare delivery (i.e. IBSC- CP-C Exam or the like), may forego the requisite core educational content contained in the MIH orientation program, but shall complete the local educational content for the jurisdiction where they are intending to be credentialed.

Continuing Education

In order to maintain service-credentialing as a mobile integrated healthcare clinician, clinicians must meet the following:

- Maintain a valid and unrestricted certification or license at their level of practice
- Complete 16 hours of continuing education during a recurring 2-year cycle that begins on the date of initial credentialing.
    - The 16 hours shall be relevant to the four key areas described in the Initial Education, or Orientation to MIH, section.

EMSOP's shall review an MIH Clinician's completion of continuing education bi-annually, and approve complete recertification requests as they are submitted. Continuing education may be either didactic or practical clinical in nature. For EMSOP's operating an MIH Program which require a skills maintenance program, it shall be established with a focus on ensuring clinician compliance with a designated number of skills in a set period of time. It shall be the responsibility of the clinician to locate and successfully complete the required continuing education, and to maintain records of such, which shall be validated by the credentialing agency prior to authorization for recertification.

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Initial Education

Initial education, or an MIH Orientation Program, is designed to familiarize Maryland EMS Clinicians with mobile integrated healthcare, and must be directed and guided by the EMSOP's scope of care, patient population, and medical direction. Incumbent clinicians seeking to be credentialed shall successfully complete a comprehensive training program and be capable of demonstrating proficiency in four key areas- Community Based Needs, Interdisciplinary collaboration, Patient-centric Care, and Preventative Care and Patient Education.

Training shall consist both didactic and practical clinical education, with elements of each accounted for in each of the four key areas described above. Each MIH Program may make modifications to the clinical topic areas based on the scope of their individual programs.

Key Area #1- Community Based Needs (10 hours)

Core Content (8 hours)

- Social Determinants of Health
- Cultural Competencies (broad scope)
- At-risk needs (abuse, neglect, malnutrition, medical illiteracy, fall risk…)
- Home safety assessment
- Public/population health (broad scope)

Local Content (2 hours)

- Knowledge of the local community needs assessment/community health needs assessment.
- Cultural Competencies (jurisdiction-specific)
- Public/population health (jurisdiction-specific)
- Scope and roles of community resources

Key Area #2- Patient-Centric Care (16 hours)

Core Content (12 hours)

- Anatomy, physiology, and assessment for patients in a designated age group applicable to MIH program design.
- Chronic disease management
- Pharmacology and medication management strategies
- Medication safety and error prevention
- Mental and behavioral health
- Substance use disorders
- Trauma-informed care, including PTSD and Harm Reduction

Local Content (4 hours)

- Available adaptive technology and medicines for the age group of patients served by the MIH program. (as applicable)
- Crisis communication and intervention training (if program participates in a mental health response program)
- Education on procedural based activities as defined by the individual program's scope of care (wound care, use of DME, catheter placement/replacement, etc…)
- Education on use of medical equipment, point of care testing equipment, remote patient monitoring equipment, and lab specimen equipment as defined by the individual program's scope of care.
- Patient care capabilities and limitations
- Telemedicine/telehealth use and equipment as defined by the individual program's design.

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Key Area #3- Interdisciplinary Collaboration (12 hours)

Core Content (6 hours)

- Developing Plans of Care and Care Coordination.
- Professional communication
- MIH documentation (Broad scope)
- Palliative/supportive care
- Healthcare coordination

Local Content (6 hours)

- Development of exit strategies to discontinue MIH services when no longer needed or appropriate.
- MIH Documentation (Program-specific)
- Healthcare navigation
- Patient records (locating, accessing, viewing, and sharing)

Key Area #4- Preventative Care and Education for Patients and Caregivers (10 hours)

Core Content (8 hours)

- Motivational interviewing
- Knowledge of wellness and health teaching
- Prevention measures (immunizations, screening, physical safety, personal risks)- (Broad scope)

Local Content (2 hours)

- Prevention measures (immunizations, screening, physical safety, personal risks)- (Program-specific)
- Additional education related to the program's specialty.